



**City of Winooski**  
Vermont's Opportunity City

27 West Allen Street  
Winooski, Vermont 05404  
802 655 6410  
**winooski.vt.gov**

**Liquor Control Board Agenda**

**Monday, August 3, 2020 @ 6 PM**

- Please read our updated [Remote Meeting Procedures](#) if you plan to participate.
- To sign up for public comment, fill out our [Public Comment Request Form](#) or call 802 655 6410 to schedule.
- Attend online: <https://zoom.us/j/92222581429>
- Attend by phone: 1 646 558 8656
- Meeting ID: 922 2258 1429
- Need help installing and using Zoom? [View their online resources.](#)
- Watch the live-stream via [Town Meeting TV.](#)

**I. Call to Order**

**II. Pledge of Allegiance**

**III. Regular Items**

**III.A. Approval: Restaurant License-Friend's Nepali Restaurant**

Documents:

[Friends Nepali Restaurant License Application.pdf](#)

**III.B. Approval: Second Class Liquor License - Chida Enterprises LLC / dba Sammy's QuickStop**

Documents:

[LIQUOR LICENSE SAMMYS QUICKSTOP.pdf](#)

**IV. Adjourn**

**Restaurant License Application**  
City Clerk's Office

Please submit this application with any related applications (liquor licenses, etc.) and a check for \$25.00 (registration fee) to:

City of Winooski  
27 West Allen Street  
Winooski, VT 05404

**Restaurant Information**

Name Friends Nepali Restarunt

Address 212 main st Winooski, VT 05404

Hours of Operation 9am to 9 pm

**Owner Information**

Name(s) Sabitrapoudyel (RUP MIZAR

Residential Address 55 North st #A (396 Alshir Road Colchester-

Phone 802 3636949

Email Sabitrapoudyel34@gmail.com

Print Name Sabitra Poudyel Title Sabitrapoudyel.

Signature  Date 7/23/2020



**FIRST/SECOND/THIRD CLASS LIQUOR LICENSE AND TOBACCO APPLICATION**

(License year is May 1<sup>ST</sup> through April 30<sup>TH</sup> of the following year)

**CHIDA ENTERPRISES, LLC**

Print Name of Person, Partnership, Corp., Club or LLC

**SAMMY'S Quickstop**

Doing Business as – Trade Name

**264 MALLETS BAY AVE.**

Street

**WINOOSKI, 05404**

Town or City & Zip Code

**513-485-9018**

Telephone Number

**18 PINE GROVE TERRACE, WINOOSKI, VT**

Mailing Address (if different from above)

Email address: **CHIDA.SHARMA22@GMAIL.COM**

APPLICATION FEES:

FIRST CLASS LICENSE - \$115.00 to DLC **and** \$115.00 to Town/City

SECOND CLASS LICENSE- \$70.00 to DLC **and** \$70.00 to Town/City

SECOND CLASS RETAIL DELIVERY PERMIT - \$100.00 to DLC

THIRD CLASS LICENSE - \$1,095 for a full year to DLC  
\$550 for 6 or fewer months to DLC

TOBACCO LICENSE- (there is no application fee for tobacco if applying for second class)

TOBACCO ENDORSEMENT PERMIT - \$50.00 to DLC

*\*If applying for Tobacco only license, please use the Tobacco Only form.*

**Please check appropriate categories**

- |  |   |
|--|---|
| <input type="checkbox"/> FIRST CLASS             | <input type="checkbox"/> Retail Delivery Permit   |
| <input checked="" type="checkbox"/> SECOND CLASS | <input type="checkbox"/> Tobacco Endorsement  |
| <input type="checkbox"/> THIRD CLASS             | <input type="checkbox"/> Restaurant   |
| <input type="checkbox"/> TOBACCO                 | <input type="checkbox"/> Hotel  |
|  | <input type="checkbox"/> Club   |
|  | <input type="checkbox"/> Commercial Kitchen (a Liquor Control Commercial Caterer's License is needed with this license) |

**TO THE CONTROL COMMISSIONERS OF THE TOWN/CITY OF WINOOSKI**

Application is hereby made for a license to sell malt and vinous beverages under and in accordance with Title 7, Vermont Statutes Annotated, as amended, and certify that all statements, information and answers to questions herein contained are true; and in consideration of such license being granted do promise and agree to comply with all local and state laws; and to comply with all regulations made and promulgated by the Board of Liquor and Lottery. Upon hearing, the Board of Liquor and Lottery may, in its discretion, suspend or revoke such license whenever it may determine that the law or any regulations of the Board of Liquor and Lottery have been violated, or that any statement, information or answers herein contained are false.

**MISREPRESENTATION OF A MATERIAL FACT ON ANY LICENSE APPLICATION SHALL BE GROUNDS FOR SUSPENSION OR REVOCATION OF THE LICENSE, AFTER NOTICE AND HEARING.**

If this premise was previously licensed, please indicate name KGR ENTERPRISES, INC.

I/we are applying as (please check one):

- |                                      |   |
|--------------------------------------|---|
| <input type="checkbox"/> INDIVIDUAL  | <input checked="" type="checkbox"/> LIMITED LIABILITY COMPANY |
| <input type="checkbox"/> PARTNERSHIP | <input type="checkbox"/> CORPORATION                          |

Please fill in name and address of individual, partners, directors or members.

LEGAL NAME CHIDA DHIMAL STREET/CITY/STATE 18 PINE GROVE TERRACE, WINOOSKI, VT 05404

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Are all of the above citizens or lawful permanent residents of the UNITED STATES?  Yes  No

If naturalized citizen or lawful permanent resident of the United States, please provide a copy of the naturalization or lawful permanent resident documentation.

**CORPORATE INFORMATION:**

If you have checked the box marked CORPORATION, please fill out this information for stockholders (attach sheet if necessary).

LEGAL NAME \_\_\_\_\_ STREET/CITY/STATE \_\_\_\_\_

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Date of incorporation \_\_\_\_\_ Is corporate charter now valid? Yes  No

Corporate Federal Identification Number \_\_\_\_\_

Have you registered your corporation and/or trade name with the Town/City Clerk? Y  N  and/or Secretary of State? Y  N   
(as required by VSA Title 11 § 1621, 1623 & 1625).

**ALL APPLICANTS**

HAVE ANY OF THE APPLICANTS EVER BEEN CONVICTED OR PLED GUILTY TO ANY CRIMINAL OR MOTOR VEHICLE OFFENSE IN ANY COURT OF LAW (INCLUDING TRAFFIC TICKETS) AT ANY TIME?  YES  NO

If yes, please complete the following information: (attached sheet if necessary)

Name	Court/Traffic Bureau	Offense	Date

Do any of the applicants hold any elective or appointive state, county, city, village/town office in Vermont? (See VSA, T.7, Ch. 9, §223)  
If yes, please complete the following information:

Name	Office	Jurisdiction

Please give name, title and date attended of manager, director, partner or individual who has attended a Liquor Control Licensee Education Seminar, as required by Education Regulation No. 3:

Name: Chida Dhimal  
 Title: Member  
 Date: 6/24/20

If you have not attended an Education Seminar prior to making application, please visit [www.liquorcontrol.vermont.gov](http://www.liquorcontrol.vermont.gov) and click on Seminar Schedule for a list of Seminars in your area.

**FOR ALL APPLICANTS: DESCRIPTION /LOCATION OF PREMISES (Section 4)**

Description of the premises to be licensed: CONVENIENCE STORE

Does applicant own the premises described? YES  NO  If not owned, does applicant lease the premises? YES  NO

If leased, name and address of lessor who holds title to property: KGR REALTY HOLDING, LLC,  
264 MALLETT'S BAY AVE., WINOOSKI, VT 05404

Are you making this application for the benefit of any other party? YES  NO

**FIRST CLASS APPLICANTS ONLY:** No first-class license may be issued without the following information.

HEALTH LICENSE #: Food Lodging (if licensed as a Hotel)

VERMONT TAX DEPARTMENT: Meals & Rooms Certificate/Business Account#

N/A

Business is devoted primarily to (please check one):

- FOOD (restaurant)
- HOTEL
- CLUB
- COMMERCIAL CATERING

If you are considering Outside Consumption service on decks, porches, cabanas, etc. you must complete an Outside Consumption Permit. This form can be found on our website at [www.liquorcontrol.vermont.gov](http://www.liquorcontrol.vermont.gov) and then click on licensing and then forms.

ALL APPLICANTS MUST COMPLETE AND SIGN BELOW

The applicant(s) understands and agrees that the Board of Liquor and Lottery may obtain criminal history record information from State and Federal repositories prior to acting on this application.


I/We hereby certify, under pains and penalties of perjury, that I/We are in good standing with respect to or in full compliance with a plan approved by the Commissioner of Taxes to pay any and all taxes due the State of Vermont as of the date of this application. (VSA, Title 32, §3113).

In accordance with 21 VSA, §1378 (b) I/We certify, under pains and penalties of perjury, that I/We are in good standing with respect to or in full compliance with a plan to pay any and all contributions or payments in lieu of contributions due to the Department of Employment and Training.

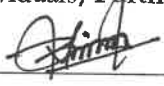
**If applicant is applying as an individual:** I hereby certify that I/We are not under an obligation to pay child support or that I/We are in good standing with respect to child support or am in full compliance with a plan to pay any and all child support payable under a support order. (VSA, Title 15, §795).

Dated at Essex Jct in the County of Chittenden and State of VT,  
this 9th day of July, 2020

**Corporations/Clubs:** Signature of Authorized Agent

  
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**Individuals/Partners:** (All partners must sign)

  
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